

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-042780

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

5905

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF
A. B. Boyer
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		c. CITY OR TOWN <u>Grandview</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2702 E. Linwood</u>		d. STREET ADDRESS (If outside, give location) <u>127th & Holmes</u>	
3. NAME OF DECEASED (Type or print) First <u>Gertrude</u> Middle <u>McPherson</u> Last <u>McPherson</u>		4. DATE OF DEATH Month <u>11</u> Day <u>22</u> Year <u>1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-1-1884</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	
11a. FATHER'S NAME <u>Elias Brown</u>		11b. MOTHER'S MAIDEN NAME <u>Laura Parnell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT <u>Mrs Guy Arnold 4829 Holly, KC Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute congestive heart failure about 2 hours</u> DUE TO (b) <u>Hypostatic pneumonia about 24 hours</u> DUE TO (c) <u>Cerebral vascular accident about 7 days</u>		INTERVAL BETWEEN ONSET AND DEATH <u>about 2 hours</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>11:40</u> a.m. <u>p.m.</u> Month, Day, Year <u>April 17-1962</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Grandview Mo</u>	
21. I attended the deceased from <u>April 17-1962</u> to <u>Nov. 22-1962</u> and last saw her alive on <u>Nov 22-1962</u>		Death occurred at <u>11:40</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>A. B. Boyer D.O.</u>		22b. ADDRESS <u>5529 Troost KC Mo</u>	
22c. DATE SIGNED <u>11/23/62</u>		23. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Cemetery</u>	
23a. DATE <u>11-24-62</u>		23b. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>	
24. FUNDING DIRECTOR <u>Elmer George Sontag</u>		25. DATE RECD. BY LOCAL REG. <u>11-23-62</u>	
26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

1
2 790-2
3
4 1
5 2
6
7 0
8 2
9 331X
10
11
12 90-2
13

Dr. G. B. Boyer
5529 Grandview

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Stirling Edwards

Licensed Embalmer No. 4911

P. O. Address

Grandview Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.